

KENTUCKY DEPARTMENT FOR MEDICAID SERVICES

NON-COVERED DRUGS

October 12, 2001

The following drugs, drug categories, and medical uses are not covered through the Kentucky Medicaid Outpatient Pharmacy Program, except as otherwise specified:

DRUG CATEGORIES

1. An over-the-counter (OTC) drug unless specifically listed in the Medicaid Drug File;
2. A drug if used to promote fertility;
3. A drug if used for cosmetic purposes or hair growth;
4. A drug if used to promote smoking cessation;
5. A drug if used for anorexia, weight loss, or weight gain unless specifically listed in the Medicaid Drug File;
6. A drug if used for the symptomatic relief of cough and colds unless specifically listed in the Medicaid Drug File;
7. A barbiturate unless specifically listed in the Medicaid Drug File;
8. A benzodiazepine unless specifically listed in the Medicaid Drug File;
9. A vitamin or mineral product (other than prenatal vitamins and fluoride preparations) unless specifically listed in the Medicaid Drug File;
10. A drug categorized as less than effective by the Food and Drug Administration or an identical, related, or similar drug;
11. A vaccine unless specifically listed in the Medicaid Drug File;
12. A drug other than a vaccine for which the department does not get a federally approved rebate;
13. Any other drug not specified in the Medicaid Drug File;

INDIVIDUAL DRUGS

1. Mifeprex
2. Zyban